

AHCCCS Childhood Obesity Medical Guidelines

Prevention/Reduction Guidelines

EPSDT 3-20 Years of Age

Kim M. Elliott, Ph.D., C.P.H.Q.

	Tier 1 – Prevention	Tier 2 – At-Risk	Tier 3	Tier 4
Risk Factors	<ul style="list-style-type: none"> Family History Birth Weight Socioeconomic Factors Ethnic Factors Cultural Factors Environmental Factors 	<ul style="list-style-type: none"> Tier 1 <i>plus</i> Identified failure with prevention recommendations Significant change in BMI/percentile 	<ul style="list-style-type: none"> Tier 2 <i>plus</i> Identified failure with Tier 2 recommendations Complications in <ul style="list-style-type: none"> Dyslipidemia Glucose tolerance Triglycerides Acanthosis nigricans Elevated blood pressure 	<ul style="list-style-type: none"> Tier 3 <i>plus</i> Identified failure with Tier 3 recommendations Identified willingness to change/desire to changes (tool) Ages 7 – 20 years
PCP Patient Obesity Identification Use BMI/Percentile Wheel	<ul style="list-style-type: none"> Calculate Body Mass Index (BMI) and growth percentile annually to identify excessive weight gain relative to linear growth 	<ul style="list-style-type: none"> PCP identified/parent identified weight gain relative to linear growth 75th percentile 	<ul style="list-style-type: none"> 85th percentile 	<ul style="list-style-type: none"> 95th percentile or greater
PCP Parent/Child Education	<ul style="list-style-type: none"> Encourage breastfeeding Promote healthy family eating patterns Promote family physical activity Recommend limitation of t.v./video 2 hours per day Monitor for changes in BMI or growth percentile (cross percentiles) 	<ul style="list-style-type: none"> Tier 1 <i>plus</i> Recommend medical nutritionist/dietician consultation Recommend motivational/behavioral therapy consultation Evaluate for depression Recommendations for weight loss goals 	<ul style="list-style-type: none"> Tier 2 <i>plus</i> Recommend family exercise physiologist consultation Increase family nutritionist/dietician consultations Increase family motivational behavioral therapy consultations In-depth medial assessment, including lab work-up 	<ul style="list-style-type: none"> Enroll in Center for Excellence Obesity Management Program (train the trainer model) <ul style="list-style-type: none"> UMC TMC El Rio Kino Parent/child agreement to participate and complete program
Medical Nutrition Therapy/Dietician	Not indicated	2 visits per year	4 visits per	1 x per week x 16 weeks, with follow up at 3, 6, 9 and 12 months
Motivational/Behavioral Therapy	Not indicated	2 visits per year	4 visits per year	1 x per week x 16 weeks, with follow up at 3, 6, 9 and 12 months
Exercise Physiologist	Not indicated	Not indicated	1 x per week x 4 weeks with monthly follow-up visit (60 minute visits)	1 x per week x 16 weeks, with follow up at 3, 6, 9 and 12 months
Depression Management	Not indicated	If indicated	If indicated	If indicated
Center of Excellence for Obesity Management (train the trainer model)	Not indicated	Not indicated	If indicated	Family Approach. Individualized curriculum.

Definitions/Resources

<p>BMI (Body Mass Index) is the standard obesity assessment in adults and its use in children provides a consistent measure across age groups. <i>Reference <u>Obesity Evaluation and Treatment: Expert Committee Recommendations</u>, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.</i></p>	<p>Motivational/Behavioral Therapy Consultation focuses on developing an awareness of current eating habits, activities and parenting behavior; identification of problem behaviors; modification of current behavior; continued awareness of behavior and recognition of problems that arise as the child becomes more independent, as family schedules change, or as other changes occur that alter the initial treatment plan. <i>Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.</i></p>
<p>Calculating BMI is body weight in kilograms divided by the square of height in meters (kg/m²). <i>Reference <u>Obesity Evaluation and Treatment: Expert Committee Recommendations</u>, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.</i></p>	<p>Parent/Child Agreement to Complete Childhood Obesity Center for Excellence Program is a discussed and signed agreement between the provider and the member and/or their parent/guardian that they agree to follow recommendations and keep appointments scheduled as part of this study.</p>
<p>Center for Excellence are hospitals or programs that specialize in treating particular illnesses, or performing particular treatments, such as cancer or organ transplants. <i>Agency for Health Care Research and Quality.</i></p>	<p>Parent/Child Educational Tools: <i>Reference the Center for Disease Control website for age appropriate educational tools for parents and children.</i></p>
<p>Establishing Weight Loss Goals <i>Initial:</i> The first step in weight control for overweight children is maintenance of baseline weight. Achieved through modest changes in diet and activity. Initial success can be the foundation for future changes. <i>Prolonged Weight Maintenance:</i> Allows for a gradual decline in BMI/percentile as children grow in height, is a sufficient goal for many children. <i>Weight Loss:</i> For children with a BMI at the 95th percentile or above, the family should be encouraged to demonstrate that they can maintain the child's weight and then clinicians should recommend additional changes in eating and activity to achieve weight loss of at least one pound per month, until they fall below the 85th percentile, with the primary goal of healthy eating and activity remaining. <i>Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.</i></p>	<p>Percentiles are growth curves established for children. NCHS will overlay BMI on the growth curve chart in the near future to facilitate use. <i>Reference <u>Overview of the CDC Growth Charts</u>, Polhamus, B., et.al., December 18, 2004 or Centers for Disease Control website.</i></p>
<p>Exercise Physiologist is a professional who works in the application of exercise and physical activity for those clinical and pathological situations where it has shown to provide therapeutic or functional benefit. An Exercise Physiologist has completed at least an undergraduate degree (or emphasis) in exercise physiology. <i>Reference The American College of Sports Medicine.</i></p>	<p>Provider Tools: <i>Reference the Center for Disease Control website and the American Academy of Pediatrics website for information and educational tools.</i></p>
<p>Healthy Family Eating Patterns: <i>Reference Smart Eating Basic Nutrition Guidelines, Center for Disease Control website.</i></p>	<p>Willingness to change/Readiness to change is the use of a standardized tool to determine readiness to change or lose weight. <i>Reference the Provider-based Assessment and Counseling for Exercise program, cosponsored by the Centers for Disease Control and Prevention and the Association for Teachers of Preventive Medicine.</i></p>
<p>In-depth Medical Work-up includes family history, review of birth weight, cultural, ethnic and environmental factors, health assessment, willingness to change assessment tool completion, lab work including lipid profile (triglycerides), thyroid, glucose tolerance test.</p>	<p>Outcomes Measures: At 12 months:</p> <ul style="list-style-type: none"> Reduction in percentile/BMI, or weight loss goal achieved <i>If applicable:</i> Improved glucose tolerance Improved triglycerides Reduction in dyslipidemia
<p>Medical Nutritionist/Dietician Consultation focused on establishing dietary goals for patients and their families that are well-balanced, healthy meals and a healthy approach to eating. These changes should be considered permanent rather than a temporary eating plan for rapid weight loss. <i>Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.</i> The practice of dietetics can be defined as nutritional counseling or education as components of preventive, curative, and restorative health care. <i>Ohio Board of Dietetics website.</i></p>	<p>At 24 months:</p> <ul style="list-style-type: none"> If weight loss goal achieved at 12 months, weight loss has been sustained, or If weight loss goal not achieved at 12 months, continued reduction in percentile/BMI or weight loss goal now achieved <i>If applicable:</i> Sustained improvement in glucose tolerance (if applicable) Sustained improvement in triglycerides Sustained reduction in dyslipidemia <p>Re-measure outcomes through annual on-going measurement at PCP well-child visits.</p>